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Draft country programme document**

Guyana

Summary

The Executive Director presents the draft country programme document (CPD) for Guyana for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,345,000 from regular resources, subject to the availability of funds, and $2,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	0.3
U5MR (per 1,000 live births, 2000)	69
Underweight (%, moderate and severe, 2000)	14
Maternal mortality ratio (per 100,000 live births, 2000)	190•
Primary school attendance (% net, male/female, 2000)	88/88
Primary school children reaching grade 5 (%, 2000)	97
Use of improved drinking water sources (%, 2002)	83
Adult HIV prevalence rate (%, end 2003)	2.5
Child work (%, children 5-14 years old)	19
GNI per capita (US$)	900
One-year-olds immunized against DPT3 (%)	90
One-year-olds immunized against measles (%)	89

† More comprehensive country data on children and women are available at www.unicef.org.
• WHO/UNICEF 2000 estimate is 170 per 100,000 live births.

Introduction

1. Countries in the Caribbean region face a number of common challenges in achieving child rights, including rights to survival and development. These include the fragile economic situations and ensuing poverty and disparities, increasing violence both in society and within the family, and the threat of HIV/AIDS.

2. In 2004, Guyana became a full country office with oversight responsibility for Suriname and Trinidad and Tobago. The office has strengthened country-specific programming while building a stronger network across the Caribbean, including with the Eastern Caribbean Office and the country offices of Belize and the Jamaica, to address common concerns and share lessons.

3. The current submission to the Executive Board covers the country-specific programme for Guyana, resulting from the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) process and agreed outcomes. Suriname and Trinidad and Tobago continue to follow the programme goals and objectives of the Eastern Caribbean Office programme, which will expire in 2008, allowing the United Nations joint programming process in Suriname to be completed. It is therefore expected that an amendment to this CPD will be submitted in 2007 to include programme components for Suriname and Trinidad and Tobago.

The situation of children and women

4. Guyana, a Heavily Indebted Poor Country, is pursuing a development policy giving high priority to poverty reduction and the progressive realization by all Guyanese of their Constitutional rights to an adequate living standard. This involves the pursuit of complex political, Constitutional, and economic reforms addressing policies that ensure children and families' access to health, education, social protection and the reduction in the spread of HIV/AIDS.

5. However, the first progress report on the Millennium Development Goals (October 2003) depicted a mixed performance, highlighting the extraordinary challenges faced by Guyana in the implementation of policies to guarantee macroeconomic stability and sustained social development.

6. One such challenge is the fragility of the economy, which is compounded by rising oil prices, changes in terms of trade, especially for sugar, and limited investment in economic diversification. The country is saddled with an external debt of 135 per cent of gross domestic product and with contingent public-sector liabilities. The recent return to positive growth is insufficient to improve household poverty and unemployment. An estimated 36 per cent of the population lives below the poverty line, with 19 per cent in absolute poverty. Rural poverty levels tend to be double the average, with a rate of 85 per cent among the Amerindian population. A large percentage of this population is under 18.

7. Social expenditure has increased substantially over the last 15 years, with the share of public expenditure for education and health almost doubling in the 1990s, but in absolute monetary value it remains insufficient.

8. In the last two decades, the large-scale emigration of skilled labour has significantly reduced institutional capacity, debilitating the education and health sectors.

9. The delicate political and security climate, including an unprecedented crime wave in 2002, contributes to slow policy reform and realignment of social investment. The fragile political dynamics have led at times to a paralysis of the parliamentary processes.

10. The ethnic diversity in Guyana, with Afro- and Indo-Guyanese as the dominant groups, contributes to tensions weakening social cohesion. The response to the recent flood emergency, however, demonstrated the potential for greater solidarity across traditional divides.

11. A significant concern is the persistence of domestic and community violence, often involving children as perpetrators as well as victims. Out-of-school children, including those who live or work on the street, are most vulnerable to violence, abuse and neglect. The 2004 "Voices of Children Study", carried out with the Ministry of Labour and Human Services and involving 4,000 children and adolescents, revealed that 54 per cent of the children interviewed had experienced serious physical abuse from caregivers at home, and 24 per cent from adults in the community. The narcotics traffic through Guyana contributes to a gang culture, often involving adolescents.

12. Young people often lack confidence in the future because of poverty and lack of opportunities. Many, especially boys, are drawn into negative and violent behaviour. Too many girls face pregnancy at an early age, forcing them to drop out of school. Many young people lack the skills and information to make informed choices about behaviour and risk-taking.

13. Guyana submitted its initial report to the Committee on the Rights of the Child in August 2003. The Committee, in its Concluding Observations, recognized the progress achieved in Guyana to ensure children's access to health and education and other services. The Committee questioned the slow progress made in Constitutional and legislative reform and the delays in the finalization and enactment of the

Children's Bill, the Family Court Bill and the Education Bill. The Government has responded by accelerating the finalization of the Children's Bill, developing policies in relation to orphaned and vulnerable children (OVCs) and HIV/AIDS, and making a commitment to legal and judiciary reform that will be reflected in various Government policies.

14. The impact of poverty and HIV/AIDS on the vulnerability of children is detailed in the National Assessment on Orphans and Vulnerable Children, carried out in 2004 by the Government, highlighting the absence of standards and norms for institutional care, lack of alternative forms of care and the stigma and discrimination related to HIV/AIDS.

15. Immunization coverage in Guyana remains high and shows few regional disparities. While measles and polio are no longer present, child health is threatened by illnesses such as malaria, particularly in the interior of the country, and acute respiratory infections and diarrhoea, often in association with poor nutritional status, and iodine deficiency disorders. Infant and under-5 mortality rates are among the highest in the region and show little significant change in recent years. Chronic malnutrition is a problem. National averages for stunting of 10 per cent are attributed to poor diet and repeated bouts of infectious disease in childhood. Higher rates are registered among Amerindian children.

16. At 190 per 100,000 live births, the maternal mortality ratio is above the regional average and one of the highest in the Caribbean. The main contributing factors are poor-quality antenatal care and obstetric services. Their improvement to detect high-risk pregnancies is a high priority for the Government.

17. Just 35 per cent of children 3-5 years old participate in some form of early childhood education, according to the multiple indicator cluster survey (MICS) of 2001. To address the low coverage and lack of standards and norms, an early childhood development (ECD) policy and national action plan are being developed.

18. With almost universal access to primary education and a 95 per cent and 85 per cent completion rates for grades 5 and 6, respectively, Guyana can achieve this Millennium Development Goal. However, there are geographical disparities, such as in region 1, where grade 5 and 6 completion rates are 57 per cent for males and 60 per cent for females. In general, there is little gender disparity; in almost all cases girls do better than boys. However, an estimated 33 per cent of children completing sixth grade have not acquired basic literacy skills, a statistic indicating deep problems in the quality of education and relevance of the curriculum.

19. HIV/AIDS prevalence is estimated at 2.5 per cent, one of the highest rates in the Caribbean. AIDS is the leading cause of death among adults aged 24-44. The Government has prioritized reversing the epidemic, paying special attention to three areas: access to prevention of mother-to-child transmission (PMTCT) services, care and treatment, and reduction of transmission, especially among adolescents. Financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other donors has been mobilized, and efforts must be sustained to provide preventative and care services to all children and their families. Guyana is one of two countries in the region that are part of the United States President's Emergency Plan for AIDS Relief (PEPFAR).

20. Weak data collection and analyses hamper the monitoring of progress, including on the Millennium Development Goals and other children's indicators, and evidence-based policy development and budgetary analyses.

21. Although considerable openness characterizes discussion on sensitive issues in child rights and protection, there is a need for greater public awareness about the importance of investing in an enabling environment for children, of addressing rights violations and of professional and responsible reporting on problems affecting children.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

22. The midterm review (MTR) and subsequent reviews of the country programme identified several key achievements. First, public awareness has increased regarding child protection issues, especially violence and abuse. The pioneering, highly participatory study on children and violence, mentioned above, provided cogent evidence on children's experience of violence, abuse and neglect in the home, school, institutions and community. The study resulted in a public education campaign, "Growing up without Violence", and the development of a child protection monitoring system within the Ministry of Labour, Human Services and Social Security. After the campaign, a 50-per-cent increase in reporting of child abuse cases was noted.

23. A PMTCT pilot project helped to leverage resources and produce results to the extent that PMTCT services increased from 8 health centres in two regions in 2002, to 23 health centres and 10 hospitals across the country in 2005. Similarly, support for *Escuela Nueva* (the innovative model of basic primary education) in remote areas led to its inclusion in the Education for All (EFA) Fast Track Initiative of the Ministry of Education. Regarding OVC, a 2004 assessment resulted in a draft policy and action plan. Partnership with the Linden Care Foundation developed a community care and prevention service for children at risk that is considered a model for the Caribbean. Generally, success was noted in developing inter-ministerial collaboration on children's issues.

Lessons learned

24. The MTR also noted that demanding procedures and weak institutional capacity as well as a lack of strategic information have led to slow policy development and legislative reform. For example, the Children's Bill has taken three years to reach final draft status. Further constraints exist in relation to implementation and monitoring of policy changes. The new country programme will therefore be planned more realistically to take these constraints into account. In addition, the lack of social statistics and effective data management and dissemination is a severe constraint for policy, planning and implementation and is addressed in various components of the CPD. As a lesson learned, it was noted that the quality and sustainability of programmes rely on enhanced networking and cooperation between Ministries and civil society organizations. Deriving a lesson from the devastating floods of 2005, the new country programme will complement

national efforts with a greater focus on disaster preparedness at the community level and in sectors such as health and education.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Child protection and public policy	900	700	1 600
Child survival and development	900	700	1 600
Adolescent development and participation	900	600	1 500
Cross-sectoral costs	645		645
Total	**3 345**	**2 000**	**5 345**

Preparation process

25. As part of the United Nations joint programming process, the preparation of the country programme started in 2004 with the CCA and was completed in March 2005 with the adoption of the UNDAF at the Joint Strategy Meeting. This process, coordinated by the Ministry of Foreign Affairs, involved line Ministries, civil society, the donor community, and consultations with young people. Both the CCA and UNDAF reflect the Millennium Development Goals and national priorities as outlined in policy documents such as the National Development Strategy (NDS) and the Poverty Reduction Strategy Paper (PRSP). The CCA identified three strategic areas for action and change: capabilities, opportunities and empowerment. In addition, the CPD reflects the results of the MTR and continued consultation with counterpart Ministries. A consultation with young people was held in May 2005 and the recommendations incorporated in the new CPD.

Goals, key results and strategies

26. The overall goal of the new country programme is to ensure that all children in Guyana enjoy greater respect and realization of their human rights to survival, development, participation and protection because of improved capabilities and increased opportunities, in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Emergency preparedness and response will be intrinsic to this goal.

27. The programme contributes to several areas: (a) public policies and investment reflecting the rights and priorities of children regarding their survival, development, protection and participation; (b) the protection of children against abuse and violence; (c) improved access to quality health and education services for children, regardless of sex, religion, ethnicity and geographic location; and (d) the reduction of the threat of HIV/AIDS among young children and adolescents.

28. The core strategic approach is guided by the principle of human rights programming and gender equality in keeping with the Conventions mentioned above

and the medium-term strategic plan (MTSP) of UNICEF for 2006-2009. Results will be maximized by the following means:

(a) Evidence-based policy development to ensure an effective prioritization of children in public policy and reform;

(b) Capacity-building at institutional and community levels;

(c) The strengthening of data collection and monitoring systems, highlighting disparities and social exclusion;

(d) The participation of children, to empower them and give them an active voice;

(e) The leveraging of results and resources in favour of children and women.

Relationship to national priorities and the UNDAF

29. The CPD addresses risks as well as opportunities for Guyana's children, as outlined in the situation analyses, the CCA and the UNDAF. These documents build on national policy instruments including the NDS, the PRSP and the Heavily Indebted Poor Country Initiative.

30. The NDS and the PRSP identify the following priorities: (a) the elimination of poverty by investing in people and requisite physical infrastructure; (b) an inclusive system of governance based on the rule of law in which citizens and their organizations participate in the decision-making processes that affect their well-being; and (c) ensuring a macroeconomic framework and a sustainable economic base, conducive to the elimination of poverty.

31. The CCA and UNDAF contribute to these using a human rights lens and sustainable development framework to identify three outcomes: (a) increased access to quality services, essential to strengthening capabilities and enriching people's capacities to maximize available opportunities for their betterment; (b) the empowerment of individuals and groups, the strengthening of institutions and an enabling Constitutional and human rights framework; and (c) poverty reduction through stimulation of economic growth and job creation.

32. The new CPD contributes to the achievement of these UNDAF outcomes by building capabilities for child survival and development — especially in education and health — by empowering children, adolescents and their families to demand their rights and by developing the capacities of government institutions to promote and protect these rights. Strengthened monitoring systems will contribute to evidence-based public policy that addresses the impact of poverty on families and adolescents.

Relationship to international priorities

33. The Millennium Declaration, to which Guyana is a signatory, and the Millennium Development Goals, are increasingly used as a framework for measuring development and prioritizing poverty reduction, access to quality education, health services, gender equity, child protection and the fight against HIV/AIDS. These efforts support the Government's follow-up to *A World Fit for Children* and the Concluding Observations of the Committee on the Rights of the Child.

34. The country programme will contribute to the focus areas identified in the MTSP. The programme emphasizes the need for a greater investment in children and the fulfilment of their rights, regardless of their social or ethnic origins and geographic location and will build on the experience and comparative advantage of UNICEF in ECD, basic quality education and child protection. It will seek to leverage results and resources for children by building partnerships with the World Bank, the United States Agency for International Development and the Global Fund.

35. In the spirit of United Nations reform and the priorities outlined in the Secretary-General's 2005 report, *In larger freedom: towards security, development and human rights for all*, UNICEF, within the United Nations country team, will continue to promote greater joint programming, thereby helping to ensure a stronger United Nations voice in Guyana.

Programme components

36. The programme has three components: (a) public policy, promotion of child rights and child protection; (b) child survival and development; and (c) adolescent health and development. These programmes are underpinned by the provision of technical support to the Government, capacity-building and the development of good-practice models contributing to policy development, advocacy and public awareness of child rights and issues affecting children.

37. **Public policy, promotion of child rights and child protection**. Reflecting the Government's commitment to poverty reduction and policy reform, this component covers strategic information, policy research and analyses as well as advocacy and dissemination of public information in relation to children and women. While other components will also deal with policy issues relating to specific sectors, this component will address the specific challenges of policy reform and implementation in relation to the special protection of children most at risk.

38. The first project, *public policy and promotion of child rights*, will aim for two key results: (a) establishment of information and advocacy systems that provide quality social data and monitor evidence-based public policies; and (b) the creation by media of public awareness of child rights through the dissemination of strategic information and professional and ethical reporting.

39. These will be achieved through several measures: (a) strengthening national and regional information systems providing timely and quality data on children and women to inform policy and budgetary decisions and build the capacity of national authorities and of seven Regional Committees on the Rights of the Child for the monitoring and analysis of budget and social expenditure in favour of children; (b) strengthening regional emergency preparedness; and (c) establishing media networks promoting more balanced and accurate coverage of children's issues.

40. The *child protection* project will address the development of policy and legislative reform in conformity with the Convention on the Rights of the Child and the reduction of the vulnerability of children to violence and abuse, including children in conflict with the law. The project aims for these key expected results: (a) children in seven regions will grow up in protective family and community environments; and (b) child victims or perpetrators of violence and abuse will access protection services and legal redress in conformity with the Constitution and international standards.

41. These results will be achieved through several means: (a) effective legal reviews and implementation of the Children's Bill and other protective legislation; (b) in seven regions, the strengthening of the knowledge and skills of parents, caregivers and communities in protective child-rearing practices; (c) skills development of professionals working with children in seven regions to identify and respond to indications of abuse, sexual exploitation and gender-based violence; (d) ensuring universal access to birth registration services in seven regions; (e) effective implementation of a policy framework and action plan for the care of OVC, including minimum standards for institutional care, strengthening of community care and support services; and (f) support to national legislative reform on juvenile justice and ensuring access to child-friendly protection services and legal redress consistent with international norms for children in detention or in conflict with the law.

42. Principal partners for this programme include the Office of the President, line Ministries, the National Bureau of Statistics; the Judiciary, the Regional Development Councils, municipalities, non-governmental organizations and community-based organizations. Other partners include the Guyana HIV/AIDS Reduction and Prevention Project and PEPFAR. Opportunities exist for joint programming with the United Nations Development Programme, the Pan American Health Organization (PAHO), United Nations Population Fund and International Labour Organization. Partnership with the Inter-American Development Bank, World Bank and bilateral donors in social statistics will be crucial.

43. Regular resources will be used to fund core activities in this programme. Other resources are likely to be available for the child protection component, especially regarding OVC.

44. **Child survival and development**. This component addresses the right of all children to have the best start in life and to reach their full potential, and includes safe motherhood practices (including PMTCT); good nutrition; the effective delivery of child health care and stimulation services; and effective parenting skills. In supporting the Government's efforts to ensure universal access to quality education, the programme will pay special attention to gender, geographical disparities and cultural diversity.

45. The *ECD* project will aim for the following key results: (a) children under 5 and their parents in seven regions will have access to quality ECD programmes and support services; (b) all pregnant women will have access to PMTCT services, and care and treatment; (c) pregnant women and nursing mothers will have access to comprehensive and quality safe motherhood services, including nutrition education, in regions 1, 7, 8 and 9; and (d) a national policy on salt iodization will be finalized.

46. These will be achieved through the following measures: (a) developing a national strategy on safe motherhood, including the training of health workers, especially in detection of at-risk pregnant women; (b) supporting the finalization and implementation of the national ECD policy; (c) developing the capacity of day-care centres in regions 1, 3, 4, 6 and 9 to provide services that adhere to quality standards; (d) strengthening national coordination and capacity-building in PMTCT; (e) ensuring that all children who test positive for HIV and need treatment receive adequate care and support, (f) strengthening the knowledge and skills of pregnant women and health workers in safe motherhood and young child nutrition; and (g) supporting the development of legislation on the importation and use of iodized salt.

47. The *quality basic education and gender equality* project will contribute towards the goals of the National Education Strategic Plan, the Millennium Development Goals and the EFA Fast Track Initiative, addressing regional and gender disparities in learning achievements and dropout rates. The experience gained with the child-friendly schools and *Escuela Nueva* provides an important model in this regard. The expected key result is that at least 80 per cent of girls and boys in seven regions will complete quality education in gender-sensitive, inclusive and child-friendly environments.

48. This will be achieved by the following measures: (a) ensuring that children in seven regions, including those with developmental lags, have access to child-friendly, quality education; (b) strengthening the ability of teachers and parents in seven regions to detect developmental lags and other disabilities; and (c) strengthening the capacity of parent-teacher associations (PTAs), communities and education professionals to develop emergency preparedness and response plans.

49. In addition to the relevant line Ministries, main partners include the National Association of Early Childhood Educators, youth health clubs, community organizations and the Regional Democratic Councils. Through UNDAF mechanisms and the United Nations thematic groups, UNICEF will work with the United Nations Population Fund, PAHO/World Health Organization and the Joint United Nations Programme on HIV/AIDS. UNICEF will seek to strengthen links with the World Bank-coordinated EFA Fast Track Initiative on primary education as well as with the Inter-American Development Bank.

50. Along with regular resources, other resources will be used, especially in relation to HIV/AIDS activities and quality education.

51. **Adolescent health and development**. This programme supports national efforts and policies to address the challenges faced by adolescents, especially those most in danger of adopting risky behaviours. The challenges range from HIV/AIDS, unemployment and increased involvement in criminal behaviour to domestic violence and sexual abuse. The programme will emphasize the participation and empowerment of adolescents to become agents of change within their own communities.

52. The *adolescent health and HIV/AIDS* project will contribute to the National Adolescent Health Plan and other programmes for adolescents to achieve the following results: (a) in seven regions, 60 per cent of adolescents will use youth-friendly and gender-sensitive community and health services; and (b) in six regions, 60 per cent of adolescent girls and boys will put into practice appropriate gender-sensitive skills to reduce vulnerability to HIV and sexually transmitted infections.

53. The project will achieve these by targeting both in- and out-of-school adolescents, through the following measures: (a) expanding basic life-skills education programmes and strengthening the ability of teachers to use these methodologies in educational programmes; (b) developing youth-friendly health services and community-based initiatives in six regions; (c) carrying out HIV/AIDS-prevention activities, focusing on six of the less accessible regions; and (d) increasing the capacity and awareness of parents and health workers on how to talk to children about sensitive issues. Special attention will be given to high-risks groups such as out-of-school adolescents, including children who live or work on

the street, are victims of commercial sexual exploitation and are infected by HIV/AIDS.

54. The second project, *adolescent development and empowerment*, expects to achieve the following results: (a) the establishment of a national network for adolescents living with HIV/AIDS; (b) in seven regions, the establishment of recreational and cultural learning spaces for youth , involving 50 per cent of adolescents, resulting in greater social cohesion and tolerance; and (c) by 2010, 80 per cent of children and adolescents will be aware of the Convention on the Rights of the Child and its implications for their lives.

55. These will be accomplished through the following measures: (a) enabling adolescents, especially those out of school, to become agents of change within their own communities, promoting healthy life styles; (b) establishing outreach programmes, peer education and social mobilization through youth and sports clubs and cultural activities in schools and communities in seven regions; and (c) promoting national adolescent awareness campaigns on rights and responsibilities.

56. The main partners will include several line Ministries, the National Commission on the Rights of the Child (NCRC), national coordinating bodies, the United Nations country team, PEPFAR and local NGOs and faith-based organizations.

57. Regular resources will be complemented by other resources, especially for HIV/AIDS prevention and youth-friendly services and related activities.

58. **Cross-sectoral costs**. These will cover cross-cutting staff costs recurrent costs such as operating expenses for logistics, communication and information.

Major partnerships

59. Alliance-building is a major strategy of the country programme and includes joint programming with United Nations agencies in social statistics, monitoring the Millennium Development Goals, reducing maternal mortality and addressing HIV/AIDS and adolescents.

60. Key national partners are the line Ministries and national commissions such as the NCRC, and the proposed Constitutional Commissions on Child Rights and Women. Collaboration with academic institutions, Parliament and the Caribbean Community will be intensified.

61. Through the Regional Committees on the Convention on the Rights of the Child, the country programme will promote partnerships with local governance bodies and community-level organizations, such as RDCs, municipalities, Community Development Councils, PTAs, youth clubs and faith-based organizations.

62. Guyana participates in several global initiatives, including the EFA Fast Track, the Global Fund, PEPFAR and the Global Alliance for Vaccines and Immunization. UNICEF will continue its support to Government efforts and engagement with these bodies to advance children's rights.

Monitoring, evaluation and programme management

63. Monitoring, research and evaluation activities will be coordinated through the five-year Integrated Monitoring and Evaluation Plan for the UNDAF.

64. The MICS in 2005 will contribute to baseline social data, disaggregated by sex, age and geographical area.

65. Country programme results-monitoring will be based on these key indicators: birth registration, the prevalence of extreme or violent child discipline measures, preschool attendance, support for learning, PMTCT testing coverage, the exclusive breastfeeding rate, antenatal care, children reaching grade 5 and condom use among young people. Other outcome indicators include the following: per capita budget allocated to social expenditure, number of adolescents in prolonged detention and denied their liberty, percentage of babies born to HIV-positive mothers, the number of schools adopting quality standards for primary education, and the uptake for youth-friendly services.

66. Baseline and other data-collection exercises will contribute to strengthening the capacity to collect, analyse and disseminate data. *DevInfo* will be promoted as a tool for monitoring the Millennium Development Goals.

67. An MTR for the UNDAF and the country programme will be held in 2008. Programmatic monitoring and evaluation will be complemented by routine monitoring activities such as field trips and quarterly reviews with the Government. In line with the human rights-based approach to programming, evaluations will consider processes and capacity-building of duty bearers as well as other results.

68. The Ministry of Foreign Affairs has overall responsibility for coordinating the country programme. The country programme will continue to use intersectoral Advisory Bodies and other Core Groups involving government partners, NGOs and academic institutions.